

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133748

FILED  
Mar 20, 2007  
Secretary of State

Entity Name: AMERICA BIO-CHEM MEDICINE RESEARCH CENTER, INC.

**Current Principal Place of Business:**

P.O. BOX 25952  
HONOLULU, HI 96825

**New Principal Place of Business:**

539 N MILLS AVE  
ORLANDO, FL 32803

**Current Mailing Address:**

6466 CHERRY GROVE CIR.  
ORLANDO, FL 32809

**New Mailing Address:**

FEI Number: 03-0500655      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAO, ELIZA  
6466 CHERRY GROVE CIR  
ORLANDO, FL 32809 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WU, SHEN  
Address: 1422 MILOIKI ST.  
City-St-Zip: HONOLULU, HI 96825

Title: S ( ) Delete  
Name: SHAO, PING  
Address: 1422 MILOIKI ST.  
City-St-Zip: HONOLULU, HI 96825

Title: V ( ) Delete  
Name: YANG, HANK  
Address: 5809 OCEAN TERRANCE DR.  
City-St-Zip: RPV, CA 90275

Title: TM ( ) Delete  
Name: MAO, ELIZA  
Address: 6466 CHERRY GROVE CIRCLE  
City-St-Zip: ORLANDO, FL 32809

Title: M ( ) Delete  
Name: CURTIN, THOMAS  
Address: 7834 LAUREL VIEW DR.  
City-St-Zip: MONT DORA, FL 32757

Title: M ( ) Delete  
Name: LEE, PETER  
Address: 926 BEACH BREEZE DR.  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEN WU

P

03/20/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date